

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Charge Control Agent and Toner for Electrostatic Image Development

described and claimed in the specification:

Check one

- *a. ☐ attached hereto.
b. ☐ filed on ___ as Application No. ___ and amended on ___ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2002-355598 filed on December 6, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463;
Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and
Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name
of First or Sole Inventor**

Masashi

Yasumatsu

Given Name

Middle Initial

Family Name

2 ****Inventor's Signature:**

Masashi Yasumatsu

3 ****Date of Signature:**

October 29 2003

Month

Day

Year

Residence:

Neyagawa-shi

Osaka

Japan

City

State or Province

Country

Citizenship:

Japanese

Post Office Address:
(Insert complete
mailing address,
including country)

Orient Chemical Industries, Ltd. of 8-1, Sanrahigashimachi,

Neyagawa-shi, Osaka 572-8581, Japan

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2,3 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Second Joint Inventor (if any) Kazuyoshi Kuroda
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** Kazuyoshi Kuroda

3 ****Date of Signature:** October 29 2003
Month Day Year

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1 **Typewritten Full Name**
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2 ****Inventor's Signature:** Osamu Yamate

3 ****Date of Signature:** October 29 2003
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1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) Kaori Sato
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2 ****Inventor's Signature:** Kaori Sato

3 ****Date of Signature:** October 29 2003
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Residence: Neyagawa-shi Osaka Japan
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Citizenship: Japanese

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Neyagawa-shi, Osaka 572-8581, Japan

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) Jun Hikata
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** Jun Hikata

3 ****Date of Signature:** October 29 2003
Month Day Year

Residence: Neyagawa-shi Osaka Japan
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Neyagawa-shi, Osaka 572-8581, Japan

****Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

PAGE 3 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
of Sixth Joint Inventor (if any) Heihachi Yushina
Given Name Middle Initial Family Name

2 ****Inventor's Signature:** Heihachi Yushina

3 ****Date of Signature:** October 29 2003
Month Day Year

Residence: Neyagawa-shi Osaka Japan
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Orient Chemical Industries, Ltd. of 8-1, Sanrahigashimachi,
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1 **Typewritten Full Name**
of Seventh Joint Inventor (if any)

2 ****Inventor's Signature:**

3 ****Date of Signature:**
Month Day Year

Residence: City State or Province Country

Citizenship:

Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Eighth Joint Inventor (if any)

2 ****Inventor's Signature:**

3 ****Date of Signature:**
Month Day Year

Residence: City State or Province Country

Citizenship:

Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name**
of Ninth Joint Inventor (if any)

2 ****Inventor's Signature:**

3 ****Date of Signature:**
Month Day Year

Residence: City State or Province Country

Citizenship:

Post Office Address:
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****Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.**
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